

Fig. 1

Terrace Security Corporation
Online Applications Management Console

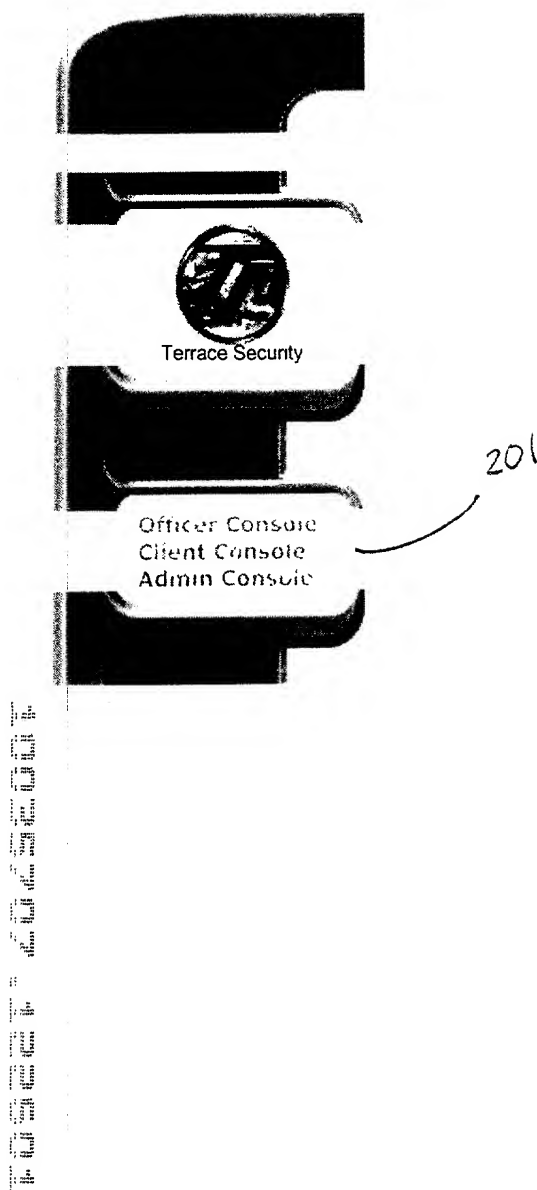


Fig. 2

Terrace Security Corporation

Officer Console

Release of Information Request Form

Badge Number

Password

305

310

315

Terrace Security

Clock In/Out
Enter Events
View DAR
Submit DAR

Fig. 3

Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard

Clock In/Out

Property

Terrace @ Willowbrook ▼

Time In

Shift Code

425

Radio Number

Comments

435

Clock In/Out
Enter Events
View DAR
Submit DAR
Log Out

Clock In

440

Fig. 4

Terrace Security Corporation

Officer Console

Logged In: Neely, Bernard

Enter Event

Open Shifts

Time In	Time Out	Shift Code	Property
9:18:26 AM	9:22:00 AM	222	Terrace @ Willowbrook
9:39:48 AM	9:42:55 AM	1232	Terrace @ Willowbrook

Add Event

Time Out	Time In
1:00 AM	1:00 AM

Event Code

1600 - Abandonment of a Child

Comments

Add

Clock In/Out
Enter Events
View DAR
Submit DAR
Log Out

Fig. 4A

Terrace Security Application Flowchart

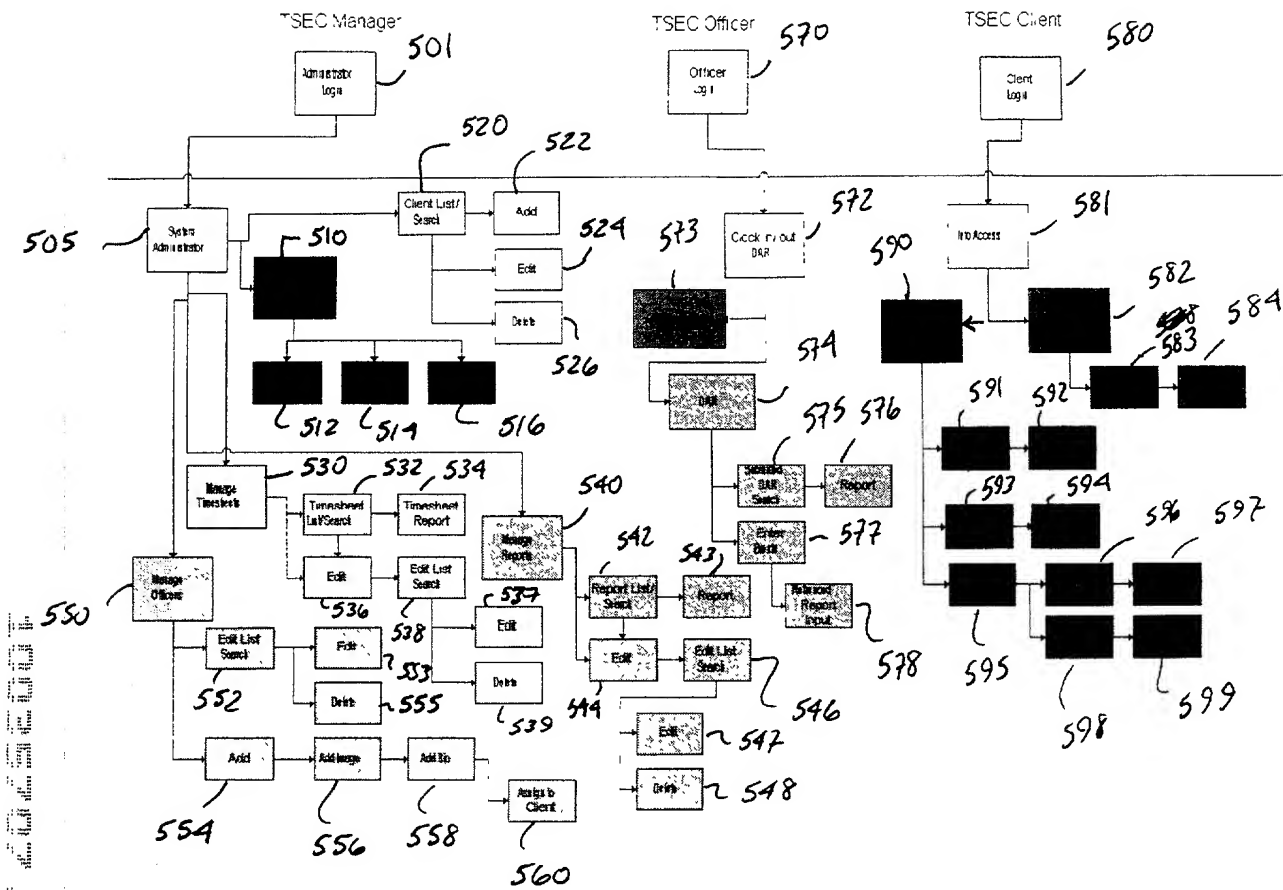


Fig. 5

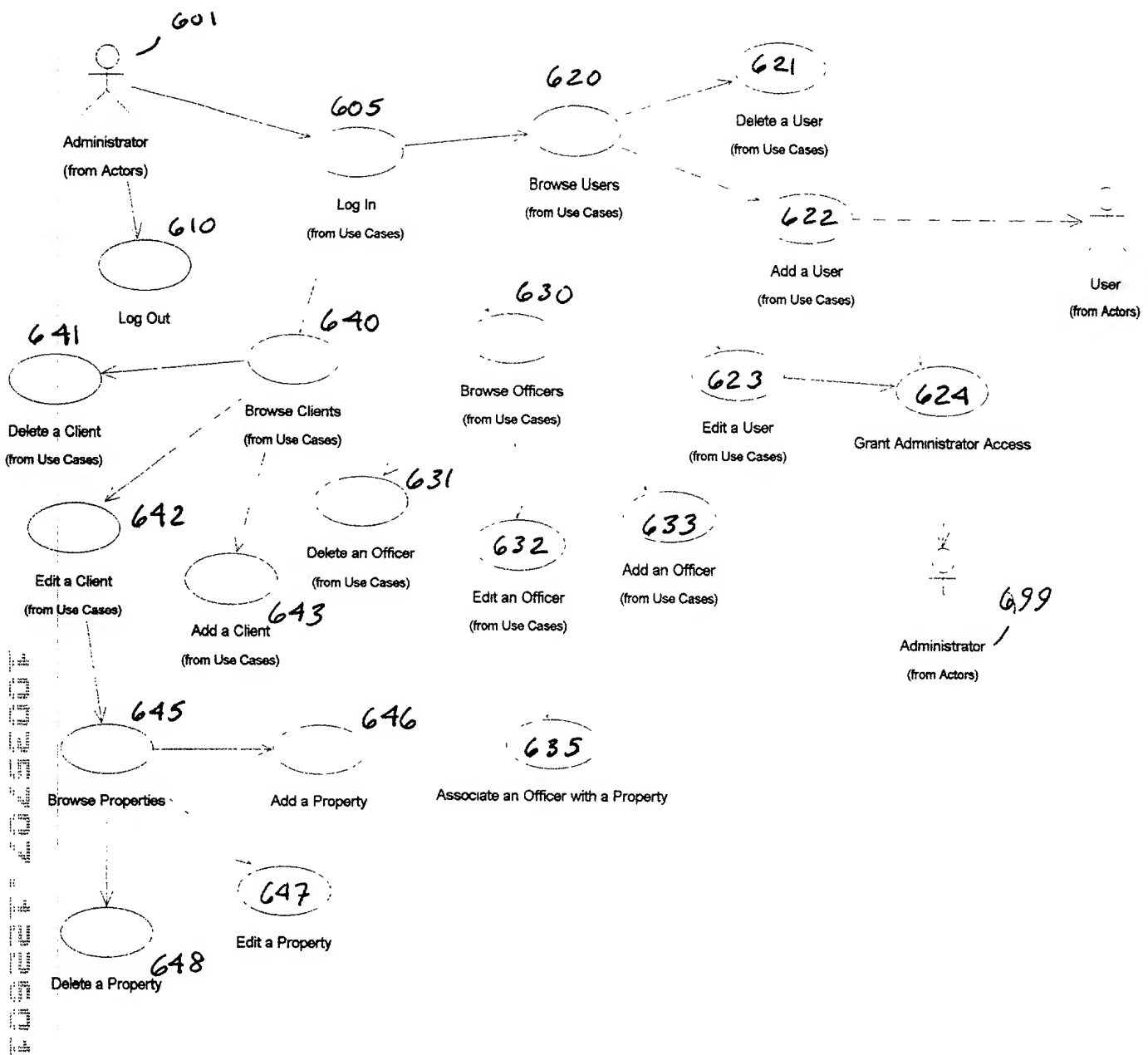


Fig. 6

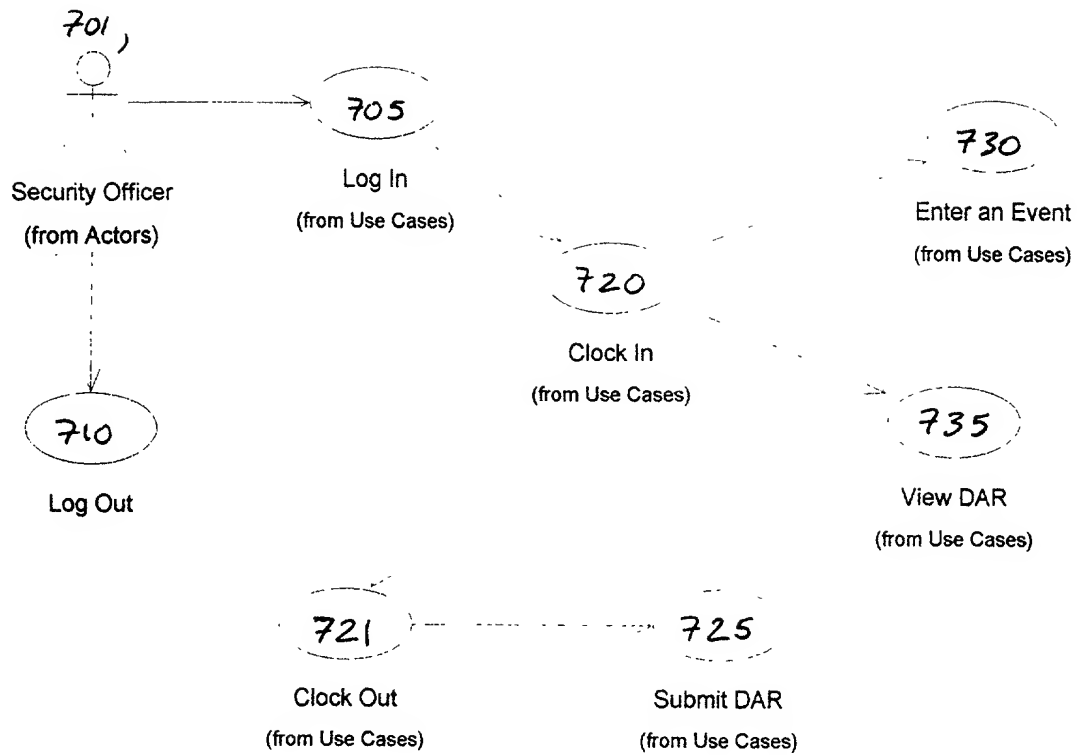


Fig. 7

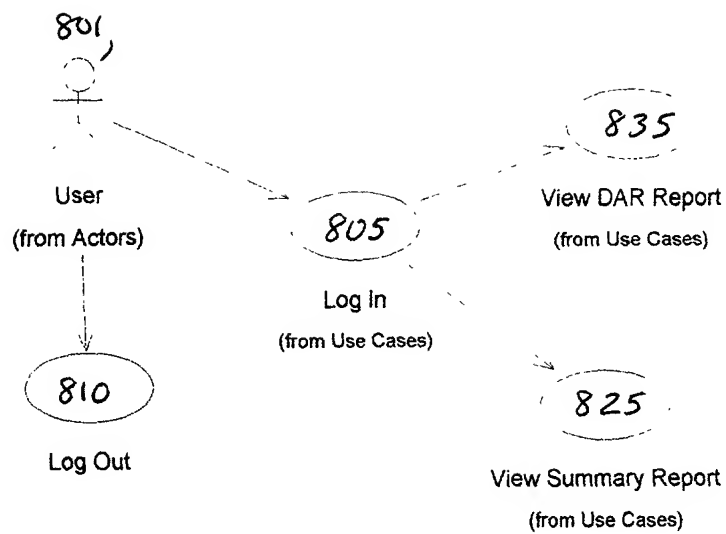


Fig. 8

Terrace Security Corporation
Online Applications Management Console

901

Please enter your UserID and Password.

UserID

Password

910

Continue

920

Fig. 9

Terrace Security Corporation
Secured Reporting Console

Logged In: Borgman, Steve

Daily Activity Report

Guard	Property	Date
--All--	--All--	11/22/2000

1010 1020 Show 1040

1030

Terrace Security

DAR
Summary

Log Out

Fig. 10

Terrace Security Corporation
Secured Reporting ConsoleLogged In: Borgman, Steve

Daily Activity Report

Shift 1

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 12:22:12 PM	10/12/2000 12:22:26 PM
Shift Code	Radio Number
dg	dfg
Comments	
dzfgdzg	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

Shift 2

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:26 PM	10/12/2000 5:03:32 PM
Shift Code	Radio Number
123	123
Comments	
123	

Time In	Time Out	Code	Comments	IR
2:00:00 AM	1:00:00 AM	2927	123	

Shift 3

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:51 PM	10/12/2000 5:04:54 PM
Shift Code	Radio Number
123	123
Comments	
12312312312321	

Time In	Time Out	Code	Comments	IR
4:00:00 AM	3:00:00 AM	2907	123123	

Fig. 11A

Shift 4

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:05:04 PM	10/12/2000 5:05:08 PM
Shift Code	Radio Number
sfe	sdf
Comments	
asdfasd	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Shift 5

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/16/2000 8:22:58 PM	11/17/2000 11:38:04 AM
Shift Code	Radio Number
Comments	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605		

Shift 6

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:38:10 AM	11/17/2000 11:40:56 AM
Shift Code	Radio Number
412	234
Comments	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

Shift 7

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:41:05 AM	11/20/2000 8:01:52 AM
Shift Code	Radio Number
SDF	asf
Comments	
xsg	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Fig. 11B

Shift 8

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/20/2000 8:02:02 AM	11/21/2000 3:12:03 PM
Shift Code	Radio Number
tewt	tet
Comments	
asretae	

Time In	Time Out	Code	Comments	IR
2:03:00 AM	5:00:00 AM	1604	comment	r

Shift 9

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 3:12:18 PM	11/21/2000 3:17:34 PM
Shift Code	Radio Number
wer	werwer
Comments	
erwer	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	2:00:00 AM	1610	comments	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y

Shift 10

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 3:56:21 PM	11/21/2000 4:07:48 PM
Shift Code	Radio Number
we	wet
Comments	
qr	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607	comment	Y
8:00:00 AM	9:00:00 AM	1604		Y
1:00:00 AM	1:00:00 AM	1605	comment goes here...	r
1:00:00 AM	1:00:00 AM	1600		Y
1:00:00 AM	1:00:00 AM	1600		Y

Shift 11

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 9:09:58 PM	11/22/2000 9:20:43 AM
Shift Code	Radio Number
wr3	wer
Comments	
wrwaer	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Fig. 11C

Shift 12

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
10/12/2000 5:03:38 PM	10/12/2000 5:03:43 PM
Shift Code	Radio Number
123	123
Comments	
123123	

Time In	Time Out	Code	Comments	IR
7:00:00 AM	6:00:00 AM	2940	12312321	

Shift 13

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
11/22/2000 9:21:02 AM	11/22/2000 9:24:03 AM
Shift Code	Radio Number
1234	12345
Comments	
comment goes here	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1601	comments for the event go here	

Fig. 11D

Terrace Security Corporation
Online Applications Management Console

Logged In: Borgman, Steve

Officer Admin

	Last Name	First Name	Badge #	Bin
<input checked="" type="radio"/>	Calaman	Marie	111	Coco, teacher
<input type="radio"/>	Delancon	Robb	550	
<input type="radio"/>	Officer	New	999	
<input type="radio"/>	Sansch	Freddie	335	editree
<input type="radio"/>	Nugger	at	19	19
<input type="radio"/>	Whipple	Steve	222	

1210

1250

Officers
Clients
Users
Log Out

Edit Selected Officer >>

Delete Selected Officer

-OR-

1220

1230

Add New Officer

1240

Fig. 12

Terrace Security Corporation
Online Applications Management Console

Logged In: Borgman, Steve

Client Admin

Client Name	Contact Name	Phone	Email
<input checked="" type="radio"/> Metro National	Jeff Davis	718-207-4400 x7124	jdavis@metro
Properties: property 1 new property added new property 2 new property 3-edited			
<input type="radio"/> General Growth Partners	First Name	655-555 5555	first@first
Properties: Memorial City Mall Danvers Mall Property 3			
<input type="radio"/> GMH Capital	Properties		

Edit Selected Client >>

Delete Selected Client

-OR-

Add New Client

**Officers
Clients
Users
Log Out**

Fig. 13

Terrace Security Corporation
Online Applications Management ConsoleLogged In: Borgman, Steve**User Admin**

Last Name	First Name	User ID	Admin
<input checked="" type="radio"/> Borgman	Steve	steve	Yes
<input type="radio"/> Wayne	Wayne	wayne	Yes
<input type="radio"/> Macdon	Donner	donn	Yes
<input type="radio"/> Martin	Doug	doug	Yes
<input type="radio"/> Michaels	Bob	bob	Yes
<input type="radio"/> Vanderbilt	Arthur	arthur	Yes
<input type="radio"/> Wagner	Pat	pat	Yes

Edit Selected User >>

Delete Selected User

-OR-

Add New User

Officers
Clients
Users
Log Out

Fig. 14

Terrace Security Corporation

Officer Console

Logged In: Neely, Bernard

Incident Report

Terrace Security

Clock In/Out
Enter Events
View DAR
Submit DAR
Log Out

Incident Code/Type
1605 - Aggravated Robbery

TSC Case #
8

Location

HPD Case #

Ai
C

Date/Time Reported

12 / 30 / 2000 12 : 00 AM PM

Date/Time Occurred

12 / 30 / 2000 12 : 00 AM PM

HFD Unit #

What Hospital

Paramedic's Name

Identifying Information #1

Last Name

First Name

MI

☒ SU ☐ C ☐ W

Residence Phone

Business Phone

DOB

12 / 30 /

Address

SSN

DL

Employer

Department/Property

Suspect
is Minor☐ Yes ☒ NoParent/Guardian
Notified☐ Yes ☒ No

By Whom

Name of Notified

Time

12 : 00

Identifying Information #2

Last Name

First Name

MI

☒ SU ☐ C ☐ W

Residence Phone

Business Phone

DOB

12 / 30 /

Address

SSN

DL

Employer

Department/Property

Suspect
is Minor☐ Yes ☒ NoParent/Guardian
Notified☐ Yes ☒ No

By Whom

Name of Notified

Time

12 : 00

Identifying Information #3

Last Name

First Name

MI

☒ SU ☐ C ☐ W

Residence Phone

Business Phone

DOB

12 / 30 /

Address

SSN

DL

Employer

Department/Property

Fig. 15A

Suspect is Minor	Parent/Guardian Notified	By Whom	Name of Notified	Time
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No			12 00

Vehicle Info #1		Vehicle Info #2		Vehicle Info #3	
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W	<input type="radio"/> Yes <input checked="" type="radio"/> No
Year	Towed	Year	Towed	Year	Towed
Make		Make		Make	
Model		Model		Model	
Color		Color		Color	
License Plate #		License Plate #		License Plate #	
VIN		VIN		VIN	

NARRATIVE

Write a summary of the incident, answering the questions Who, What, When, Where & Why

FOLLOW-UP

Date	Time	By Whom
12 / 30 / 2000	12 00 <input checked="" type="radio"/> AM <input type="radio"/> PM	
<div><div></div><div></div></div>		

submit

Fig. 15B

Terrace Security Corporation

Officer Console

Incident Investigation Report

TSC Case #

I. GENERAL INFORMATION

Date of Incident: 01 / 01 / 2000 Time of Incident: 01 : 01 am Day Of Week: Monday

Date Reported to You: 01 / 01 / 2000 Time Reported to You: 01 : 01 am By Whom:

Property
Name &
Location:

Specific Location of Incident:

(describe all identifying factors of exact place of incident measurements, directions, etc.)

II. THE COMPLAINANT - Check one: Tenant Visitor Contractor Employee: Complete Sections I, II, VII & IX

Last Name:
Address:

First Name:

Male

Female

SSN:

State:

Zip:

Phone #:

Physical Disabilities:

Age:

Height:

Weight:

Pregnant? Yes No If yes, how many months 1

Does Complainant wear glasses? Yes No If yes, what kind

Place of Employment:

Position:

Address:

State:

Zip:

Phone #:

Driver's License # State: Date of Expiration: 01 / 01 / 2000

Vehicle Description: License Plate #: State:

Vehicle Insurance?: ☐ Yes ☐ No Insurance Company:

Policy #: Policy Holder:

III. FIRST AID (treatment Rendered to stabilize Complainant)

☐ Offered ☐ Not Offered- why?

☐ Offer By whom; why?

☐ Declined

☐ Taken Hospital Name?

☐ to Hospital

Taken by: ☐ Ambulance ☐ HFD Unit #

Paramedic's Name

☐ Self ☐ Other, Explain

Taken at Whose Request? ☐ Complainant ☐ Other, Explain

Emergency Contact Notified? ☐ Yes ☐ No ☐ N/A Name of Contact

IV. CONDITION OF THE COMPLAINANT (For SLIP/FALL INCIDENT Only)

Fig. 16B

A. BEFORE the Incident

Carrying anything? ☒ Yes ☐ No If yes, what was being carried? illegals

B. AFTER the Incident

Describe any visible injury or damage to clothing

☒ ☒ ☒ ☒ ☒ ☒ ☒ ☒

☒ Complainant's description to any injury and where on their body it's located

☒ Describe Complainant's reaction to the incident

☒ Describe shoes worn by Complainant

☒ Sole materials Leather Rubber Vinyl Wood Other-describe

Describe heels (height, material, condition)

Overall condition of shoes Good Average Poor

V. INCIDENT INVOLVING MINORS

Was the minor accompanied by anyone at the time of the incident? Yes No If yes, who?

Relationship to Minor

If unaccompanied, was someone responsible for the minor? Yes No If yes, who?

Relationship to Minor

Where was this person at the time of the incident?

Fig. 16C

VI. INCIDENT DESCRIPTION

Complainant's detailed description of how the incident occurred (what does the Complainant feel caused the incident?). If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses - do not assume any facts about the incident.



A. Description of the Incident Site

1. Type of Walkway:

Floor Stairway Ramp Street Escalator Parking Lot Other - describe

2. Surface material

Carpet Vinyl tile Ceramic tile Terrazo Marble Quarry Tile Rug
Grass Concrete Asphalt Gravel Metal Dirt Other - describe

3. Foreign substance present? (soda, water, ice, snow, etc) Yes No

What does substance appear to be?

Describe substance Color

Odor

Amount

Spill pattern

Describe Texture

(oily, gritty, bubbly, etc) Consistency (melted, crushed, solid, etc)

4. Skid/streak marks Yes No Substance on shoes or clothing Yes No
How did substance come to be on the floor?

5. Any other object involved? Yes No If yes, describe object/composition

Location of object

Reason for location of object

Anything unusual about object?

(broken, unstable, not in usual place, etc)

B. Unusual Surface Conditions Present? Yes No If yes, describe nature of condition

Fig. 16D

Dimensions

Debris present? ☐ Yes ☐ No If yes, describe

C. Lighting Conditions

1. ☐ Natural ☐ Artificial - describe

(type of bulb, etc.)

2 Does the complainant feel that lighting was a contributing factor in causing the incident? ☐ Yes ☐ No If yes, explain

D Weather Conditions

Describe outdoor weather, even if incident was inside

(cloudy, sunny, snowing, raining, etc.)

VII. PHOTOGRAPHS

Were photos taken? Yes No How many?

By whom?

Date & Time Taken

Where are photos stored?

VIII. WITNESSES

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the scene shortly before, during or just after the incident

A

Name

Address

City

State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said



Describe any conversation this Witness had with the Complainant

Fig. 16E

B. Name Address

City State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

Describe any conversation this Witness had with the Complainant

C. Name Address

City State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

Describe any conversation this Witness had with the Complainant

Fig. 16F

IX. EMPLOYEE INCIDENT

Department

Title

Supervisor

Type of incident

Injury

Vehicle

Property Damage

Type of injury

Fig. 166

Terrace Security Corporation
Secured Reporting Console



Please enter your UserID and password to continue

UserID

Password

Handwritten annotations: '1720' points to the UserID input field, '1730' points to the Continue button, and '1740' points to the Password input field.

Fig. 17

Terrace Security Corporation

Secured Reporting Console

Logged In: Madison, Carmen

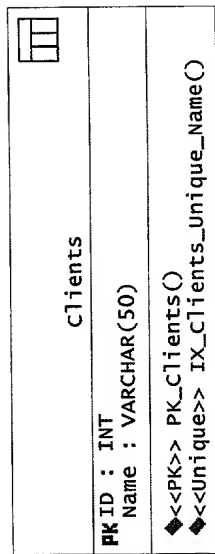
Daily Activity Report

Guard ¹⁸²⁰ Property ¹⁸³⁰ Date ¹⁸⁴⁰
--All-- --All-- 12/20/2000
Event Code ¹⁸⁵⁰
--All--

Show ¹⁸⁶⁰DAR
Summary ¹⁸¹⁰

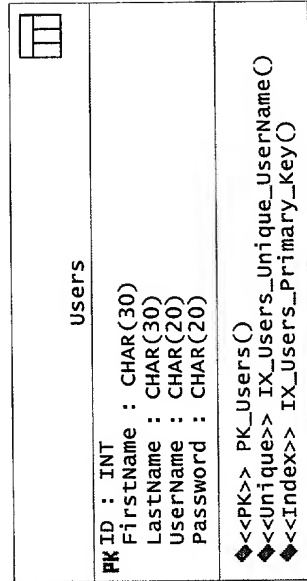
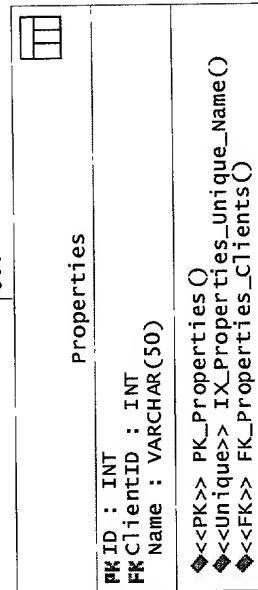
Log Out

Fig. 18



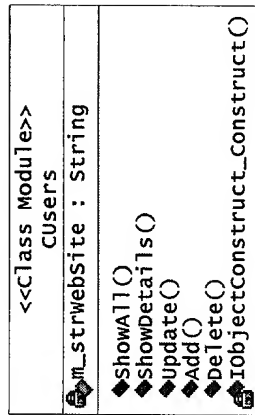
1
 <<Non-Identifying>>

0..*



Database Diagram

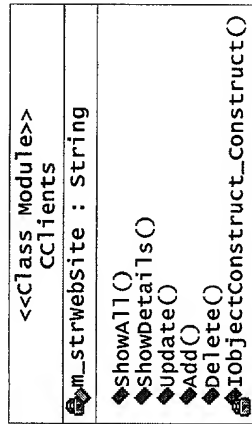
Fig. 19A



<<Implements>>
IObjectConstruct

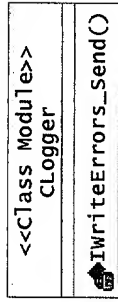
<<Implements>>
IObjectConstruct

IObjectConstruct
(From COMSVCSLib ver 1.0 (COM+ Services Type Library))

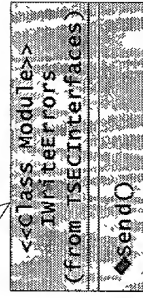


Business Services

Fig. 19B



`<<Implements>>`
`TSECInterfaces.IWriteErrors`



Error Logging

Fig. 19C

UML Class Diagram illustrating the structure of the User Data Services library.

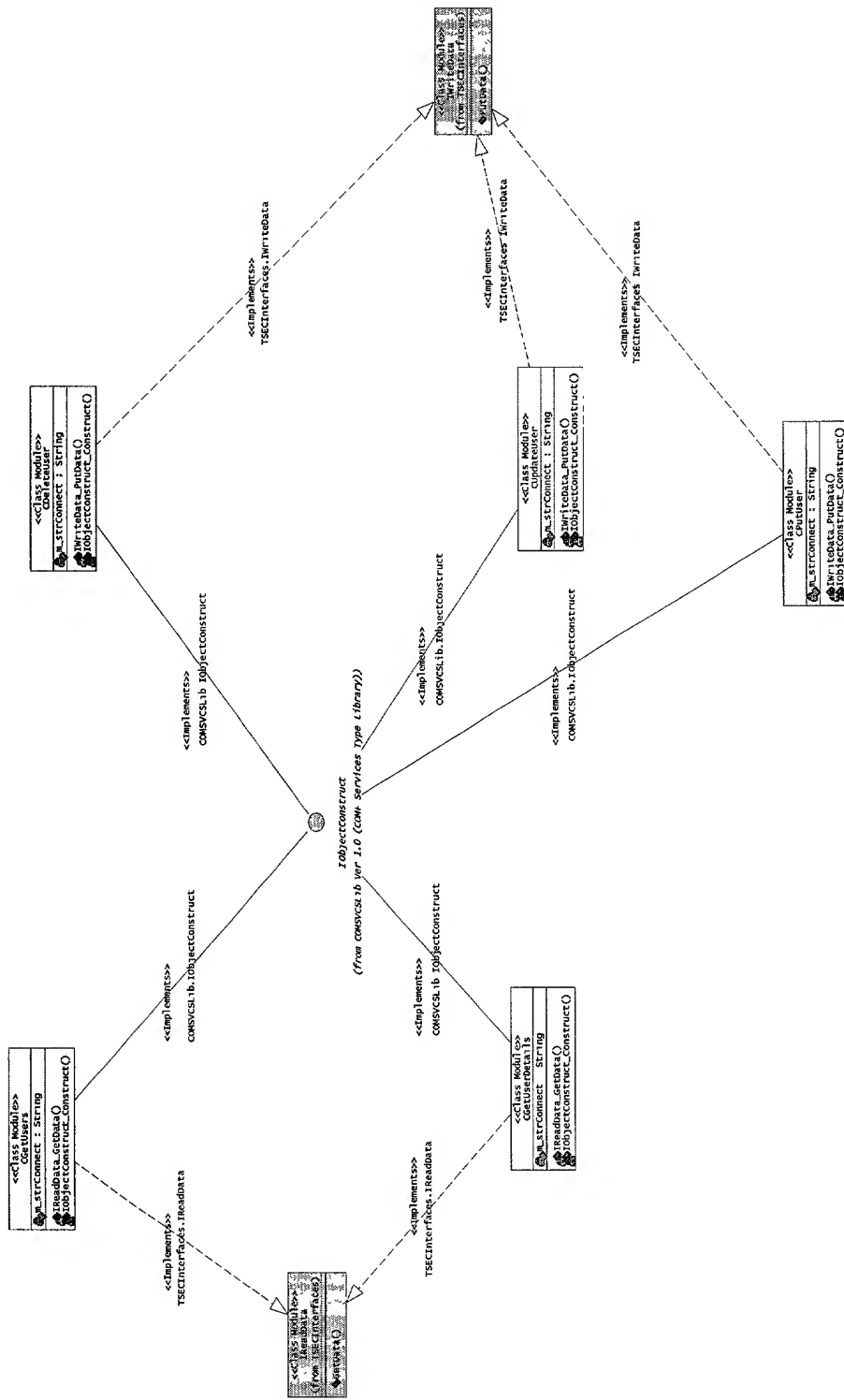
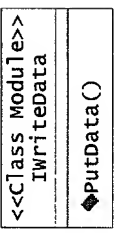
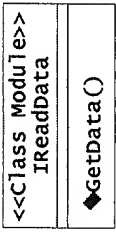
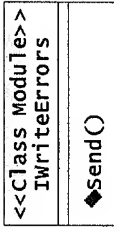


Fig- 19D

User Data Services



Interfaces & Event Classes

Fig. 19F

<<Class Module>>	
Dataset	
◆<<Const>> xmlRoot : Integer = 0	
◆m_objCollection : Collection	
◆m_errorNumber : Long	
◆m_strErrorDescription : String	
◆m_strXML : String	
◆m_strStream : String	
◆m_strXSL : String	
◆m_strHTML : String	
◆XML2HTML()	
◆LoadXML()	
◆LoadXSL()	
◆Add()	
◆Exists()	
◆Remove()	
◆Collection2Recordset()	
◆Recordset2XML()	
◆XML2Recordset()	
◆Recordset2Collection()	
◆CreateStream()	
◆ParseStream()	
◆Class_Initialize()	
◆Class_Terminate()	
◆<<Set>> ADORecordset()	
◆<<Get>> ADORecordset()	
◆<<Let>> ErrNumber()	
◆<<Get>> ErrNumber()	
◆<<Let>> ErrDescription()	
◆<<Get>> ErrDescription()	
◆<<Let>> Stream()	
◆<<Get>> Stream()	
◆<<Let>> XML()	
◆<<Get>> XML()	
◆<<Let>> XSL()	
◆<<Get>> XSL()	
◆<<Let>> HTML()	
◆<<Get>> HTML()	
◆<<Let>> Item()	
◆<<Get>> Item()	
◆<<Let>> Count()	
◆<<Get>> Count()	
◆<<Let>> NewEnum()	
◆<<Get>> NewEnum()	

<<Collection>>

<<Class Module>>	
Field	
◆m_FieldName : String	
◆m_FieldValue : Variant	
◆m_FieldSize : Long	
◆<<Let>> FieldValue()	
◆<<Set>> FieldValue()	
◆<<Get>> FieldValue()	
◆<<Let>> FieldName()	
◆<<Get>> FieldName()	
◆<<Let>> FieldType()	
◆<<Get>> FieldType()	
◆<<Let>> FieldSize()	
◆<<Get>> FieldSize()	

DNA Payload

Fig. 196

Figure 19H

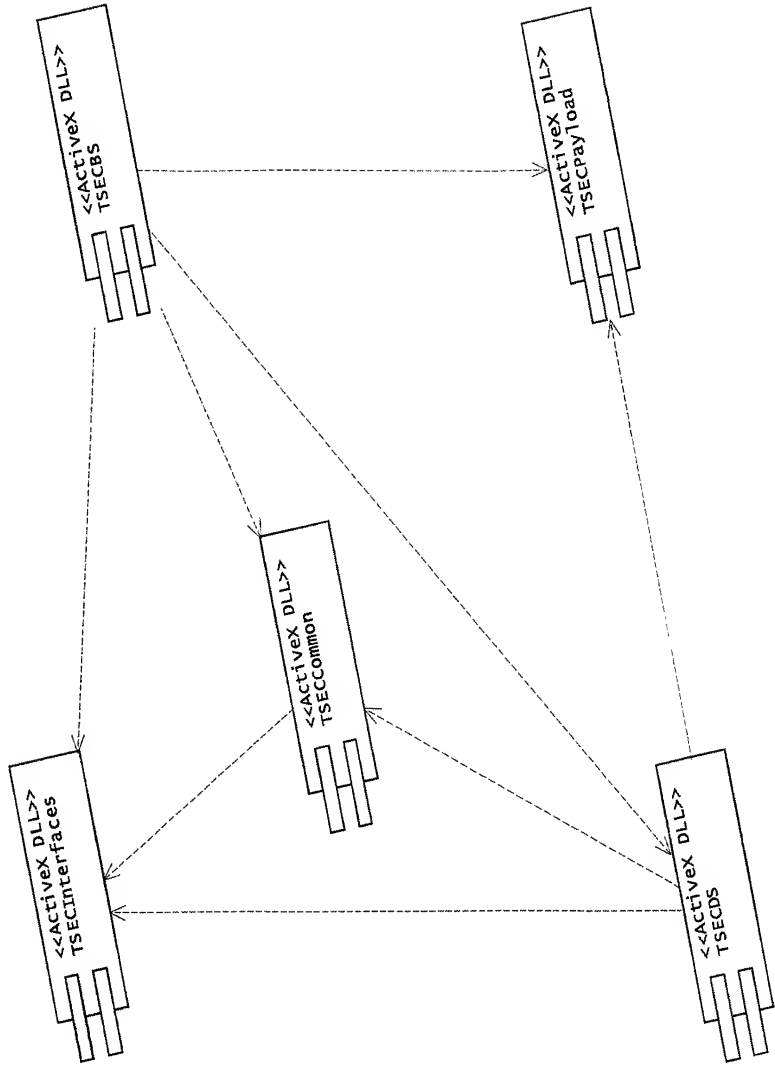
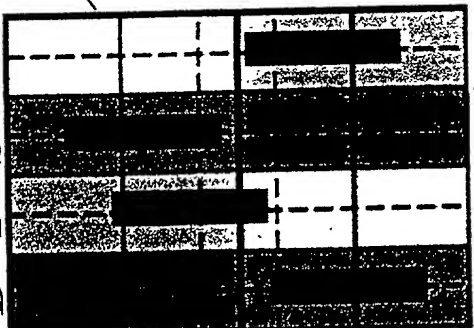


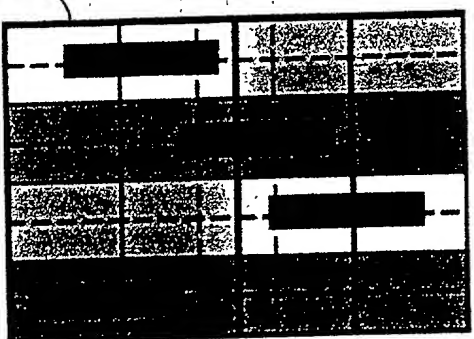
Fig. 19H

Component Diagram

Benchmark
D I S C



Benchmark
D I S C



Day Security

Anthony Dudley

D I S C



Night Security

Eddie Green

D I S C

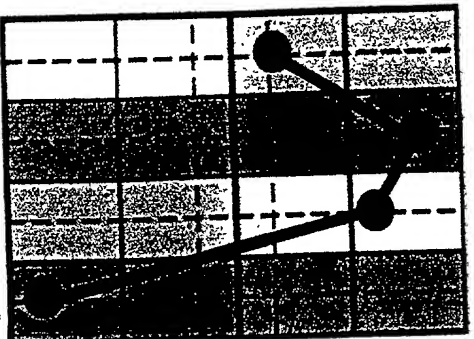


Fig. 20